

ISSUE SLIP STATE (for additional cross references)

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	18		
FORMALITY REVIEW	17	6001	4/1/68

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted

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Claim	Final	Original	Date
1			8/25/59
2			2/3/60
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If more than 150 claims or 10 columns
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